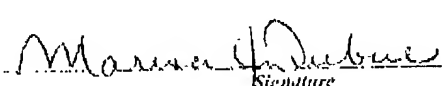


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): BERNARD IULO ET AL.			POU920010025US1
Serial No. 10/008,742	Filing Date 11/05/2001	Examiner Kuen S. Lu	Group Art Unit 2177
Invention: A CONSOLIDATED MONITORING SYSTEM AND METHOD USING THE INTERNET FOR DIAGNOSIS OF AN INSTALLED PRODUCT SET ON A COMPUTING DEVICE			
<div style="text-align: right;">RECEIVED CENTRAL FAX CENTER JUN 17 2004</div> <p>I hereby certify that this <u>Amendment Transmittal, Amendment</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)</p> <p>on <u>June 16, 2004</u> (Date)</p> <div style="text-align: right;">OFFICIAL</div> <p><u>Jane M. Theberge</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Jane M. Theberge</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. POU92001002SUS1
Applicant(s): BERNARD IULO ET AL.			
Serial No. 10/008,742	Filing Date 11/05/2001	Examiner Kuen S. Lu	Group Art Unit 2177
Invention: A CONSOLIDATED MONITORING SYSTEM AND METHOD USING THE INTERNET FOR DIAGNOSIS OF AN INSTALLED PRODUCT SET ON A COMPUTING DEVICE			
<u>TO THE COMMISSIONER FOR PATENTS:</u>			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.			
CLAIMS AS AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT
TOTAL CLAIMS	21 -	29 =	0 x
INDEP. CLAIMS	5 -	5 =	0 x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.			
  _____ Signature		Dated: June 16, 2004	
Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 FAX Customer Service No. 23413		<div style="border-bottom: 1px solid black; margin-bottom: 10px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">Signature of Person Mailing Correspondence</div> <div>Typed or Printed Name of Person Mailing Correspondence</div>	
CC:			